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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *JK*

THIS APPLICATION IS A CON OF 09/188,739 11/09/1998

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N/A JK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
\*\* 01/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>John A. Healy</i> Examiner's Signature Initials					

## ADDRESS

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## TITLE

**HIERARCHICAL EVENT MONITORING AND ANALYSIS**  
*Hierarchical event monitoring and analysis*

<b>FILING FEE RECEIVED</b> 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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